



**KANSAS CERTIFIED PEER SPECIALIST
LEVEL 2 TRAINING REGISTRATION & SUPERVISOR APPROVAL FORM**

*Supervisors who will be supervising peers are **required** to complete the 2-part online Supervisor Training found at <https://kansascpstraining.getlearnworlds.com>.

*Note this Registration Form is for Kansas Certified Peer Specialist (KCPS) Level 2 Training. Acceptance of this form does not mean you are registered. **Individuals will be notified when their registration is confirmed via email from WSU or KDADS.** *This is the next step in the process after working for 90 days, under supervision, and as a Kansas Certified Peer Specialist in Training (KCPST) at an agency providing peer support services.*

Full Certification Process

1. Complete Online Level 1 Training:
<https://kansascpstraining.getlearnworlds.com/pages/mentalhealth>
 - a. You will be given a KCPS Level 1 Certificate of Completion
2. Submit KCPST Application
3. Receive KCPST Certificate and Approval Letter via email
 - a. **Individuals can bill up to 20 hours per week as a KCPST while working at an agency that provides peer support services**
4. Obtain employment for an agency or center providing peer support services and work for 90 days, under supervision, as a KCPST
5. Upon completion of the 90-day supervision, register for a KCPS Level 2 Training (you are completing this step)
 - a. Individuals must attend all days of the training, meet training expectations, and score 80% or higher on the exam to pass the Level 2 Training
6. Upon passing the Level 2 Training, submit KCPS Final Application
 - a. Once approved, KDADS will send the final Certificate and Approval Letter via email
 - b. **Individuals can bill up to 30 hours per week as a KCPS while working at an agency that provides peer support services**

Level 2 Training Registration Form for Kansas Certified Peer Specialist in Training

Please fill out the following information:

Legal Name (first and last): _____

Home Address: _____ City: _____
State: _____ Zip: _____ Home Telephone: _____

Office/Work Address: _____ City: _____
County: _____ State: _____ Zip: _____

Office/Work Telephone: _____ Fax: _____

Education Level: _____

Agency Name you work for: _____

Supervisor Name: _____

Supervisor Email: _____

Supervisor Work Telephone: _____

Location of Training: _____

(Some trainings are in-person, and some will be offered virtually. **NOTE** for virtual trainings: Attendees must have internet access and use computer with video.)

Date of training you plan to attend: _____

(All three days must be completed to be eligible for exams and certification)

To be eligible for Level 2 Training, the following is required:

- Completion of the KDADS/BHS approved Level One (online) training with minimum of 80% passing on associated exam
- Employed as Kansas Certified Peer in Training with certificate issued by KDADS
- Has completed 90 days of supervision as a Kansas Certified Peer Specialist in Training at an agency providing peer support services
- This packet (including this registration form and the Level 2 Kansas Certified Peer Specialist in Training Supervisor Approval form) signed and returned to KDADS

List the date you received your Kansas Certified Peer Specialist in Training Approval: _____

NOTE: Special accommodation requests should be emailed to Whitney Cravens: whitney.cravens@wichita.edu **at least two weeks prior to the training date.**

Level 2 Training Supervisor Approval Form
Kansas Certified Peer Specialist in Training



Name of Level 2 Applicant: _____
Organization Name: _____

Note:

Before submitting registration and to qualify for Level 2 Training, the applicant must be currently approved as a Kansas Certified Peer Specialist in Training (KCPST). This requires completion of the Level One training, obtaining KCPST Certification, and working a minimum of 90 days under supervision as a KCPST. Individuals approved as a KCPST will receive an approval certificate from KDADS.

Readiness Assessment:

As supervisor of the applicant, I certify this person has *demonstrated* the following competencies:

- Understand the principles of the Strengths Model, Stages of Recovery Model, principles of mental health recovery, and the power of values/beliefs to work for or against recovery
- Understand the meaning of peer support and how to build healthy peer support relationships and negotiate boundaries
- Be able to use person-centered language to help build relationship, reduce power differentials, and articulate a peer's perspectives and experiences in real-world terms
- Be able to ask open ended questions that relate a person to their inner wisdom
- Be able to use their recovery story in a way that is helpful to other people
- Understand how to build partnerships with others in the community and workplace
- Be able to apply the components of cultural competency to the peer relationship
- Understand the principles of Trauma-Informed Systems of Care (TISC) and how they apply to the mental health system



**Level 2 Training Supervisor Approval Form
Kansas Certified Peer Specialist in Training**

Supervision Expectations:

- I will ensure this applicant does not engage in any work commitments (appointments, sessions, travel, meetings) during all scheduled time of training.
- I certify that the applicant is currently employed in the state of Kansas.
- I certify that the organization is providing and documenting opportunities for the applicant to shadow and observe peer support specialists.
- I currently provide at least one hour of supervision for every 20 hours of peer support provided.
- After certification, I will continue to provide at least one hour of supervision for every 30 hours of peer support provided. This will continue for the duration of employment.

Please provide the following information based on Supervision of applicant:

Applicants are required to provide peer support in group and/or individual setting before registering for Level 2. Please provide the number of individuals the applicant provided support to:

Individual peer support: _____ Group peer support: _____

Please provide a description of the type of peer support the applicant provided during the 90 days of supervision:

***Please attach documentation of work experience of Kansas Certified Peer Specialist in Training (KCPST) during supervision.**

Supervisor Training:

As a supervisor:

I **have** completed the online Peer Support Supervisor Training found at <https://kansascpstraining.getlearnworlds.com>. **This is a requirement to supervise peers.**

Supervisor Name (printed): _____

Phone Number: _____

Supervisor Signature: _____ Date: _____

Please send registration documents in a single PDF file via e-mail to whitney.cravens@wichita.edu.

State of Kansas, Behavioral Health Services is offering this training and certification at no charge to qualified applicants.